

Squamous Cell Carcinoma

Squamous Cell Carcinoma (SCC) is the second most common form of skin cancer. Squamous cells are normal cells occurring in most of the epidermis (outermost skin layer). SCC is diagnosed by a simple skin biopsy (removing a small piece of skin) and is treated easily when detected **early**. Occasionally SCCs can be more aggressive and difficult to treat. They can cause scarring and sometimes disfigurement. A small percentage can spread and become life threatening. The earlier SCCs are detected and treated, the better!

What do SCCs look like?

In the beginning, an SCC can look like a rough, shallow, crusty patch and can resemble a wart or callus. It can be pink or skin-colored. The border can be irregular or raised and can have a sore in the middle (ulceration). SCCs may or may not have symptoms of itching, pain, crusting, or bleeding. If you are at high risk and are worried about a spot, it is best to have it checked. Any bump or sore in an area of chronic inflammation should be looked at. It is sometimes difficult to tell if a lesion is cancerous or pre-cancerous, so a biopsy is often the best thing to do if the spot looks suspicious. Any sudden change in a mole, a new growth or a non-healing sore should be examined.

Sun exposure:

Most SCCs are caused by the sun or other ultraviolet radiation, usually from accumulated sun damage after many years of exposure (even if you have not been in the sun for several years). People with a history of frequent or intense sun exposure (especially blistering sunburns) are at higher risk. The sun exposed areas of the body are frequent sites of SCC. The ear rim, nose and lower lip are particularly vulnerable. People who burn easily (fair skin, light eyes, light hair) are at highest risk.

Reduced immunity:

Those with weakened immune systems — have HIV/AIDS, are on chemotherapy, have had kidney transplants, etc. — are at higher risk for SCC.

Areas of prior injury:

SCCs can develop over scars, sores, or areas exposed to x-rays and certain chemicals.

Treatment:

Depending on the size, type, and extent of the SCC,

- **Cryosurgery** — liquid nitrogen freezing.
- **ED&C** — scraping out the lesion with a sharp curette.
- **Excision** — cutting out the lesion including approximately a 1/8th inch margin.
- **MOHS Surgery** — cutting out “just enough” because the pathology is read at the time of the surgery to make sure the lesion is entirely gone. We refer out for this to a specialist.
- **Chemotherapy** — applied topically or injected into the lesion.
- **Photodynamic or Laser Therapy**

Follow-up:

Once you have been diagnosed with a skin cancer, you are at greater risk for developing a new skin cancer of either the same type or a different type. Regular skin exams (at least yearly if not more often) are important to check for new growths, as well as to monitor the skin cancer sites for re-growth.

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